

HEALTH CARE ADVISORY BOARD

Meeting Summary

June 9, 2003

MEMBERS PRESENT

Marlene Blum, Chairman
Rose Chu, Vice Chairman
John Clark
Susan Randall
Rosanne Rodilosso
David West

STAFF

John Ruthinoski

GUESTS

Carol Sharrett, Health Department
JoAnne Jorgenson, Health Department
Jim Scott, Inova Health System
Mary LaFalce, Inova Health System
Anne Mitchell, Sunrise Assisted Living
Colleen DuKamp, Sunrise Asst. Living
Rita Schumacher, No. VA Long Term
Care Ombudsman Program
Jacquie Woodruff, No. VA Long Term
Care Ombudsman Program
Chris Stevens, Health Department
Joseph Bakos, Department of Planning
& Zoning

The meeting was called to order at 7:40 p.m.

Marlene Blum asked all members present at the beginning of the meeting for feedback on the Health Care Town Meeting which was held immediately following the May HCAB meeting. She reported that most of the feedback they had received was positive. She reported that some of the speakers (specifically the representatives from AARP and the Kaiser Family Foundation) may be asked to address the Access to Health Care Consortium, as members were very impressed with them. Rosanne Rodilosso asked what the next steps were following the forum. Marlene responded that it was up to the HCAB to decide what to do, noting that the purpose of the forum was to raise awareness.

Marlene Blum reported that she addressed the Health Department's all-staff meeting on June 5th and conveyed the HCAB's appreciation to the Health Department's employees for all their hard work. She added that it was great to hear Dr. Addo-Ayensu speak on the changing environment for public health both globally and locally.

Agenda Change

Marlene Blum announced that the presentation on the capital projects at Inova Fairfax Hospital would not take place this evening, as Randy Hart had a family emergency and would be unable to attend.

Approval of the Minutes

The minutes of the May 12, 2003 HCAB meeting were accepted with the following amendment:

- The first sentence of the last paragraph on the first page should begin, "Marlene Blum asked about spray aeration..."

Resolution for Dr. Sharrett

Marlene Blum moved the following resolution thanking Dr. Sharrett for her service to the Health Department:

RESOLUTION OF THE HEALTH CARE ADVISORY BOARD RECOGNIZING THE CONTRIBUTIONS OF CAROL SHARRETT, M.D., M.P.H.

WHEREAS, Carol Sharrett has ably served the people of Fairfax County for the past year and one half as the Director of Health Services; and

WHEREAS, she continues to serve as Assistant Director and has also served as Assistant Director or Acting Director from February 1987 to August 2001, with only a brief temporary retirement from 1995-2001; and

WHEREAS, Dr. Sharrett has been a leader in the health care community, promoting both the field of public health and the work of the Fairfax County Health Department through her active and dedicated participation in local and regional efforts to protect and improve the health of all who live and work here; and

WHEREAS, she has expertly led and guided the Health Department in facing emerging public health threats such as anthrax and West Nile Virus and in planning and preparing for bioterrorism; and

WHEREAS, the outstanding work of the Health Department under her leadership has strengthened community confidence in the County's ability to meet these challenges;

NOW, THEREFORE, BE IT RESOLVED that the Health Care Advisory Board appreciates and applauds the dedicated and distinguished work of Carol Sharrett, with special thanks for the past eighteen months, and recognizes her continuing contributions to the health, safety, and well-being of the people of Fairfax County.

The motion was seconded and passed unanimously. Dr. Sharrett thanked the HCAB. Marlene Blum announced that JoAnne Jorgenson is now the Assistant Director for Operations.

Inova/Sunrise Assisted Living Facilities

Jim Scott began by explaining that Inova/Sunrise is attending the meeting to talk about an oversight which was discovered and which they now regret. Mary LaFalce from Inova reported that Sunrise only recently found out about the requirements for a minimum number of Auxiliary Grant (AG) beds at certain facilities as there has been staff turnover and the requirements were not communicated to new staff at the homes in question. She reported that there are 5 Inova/Sunrise home. There is no A.G. requirement for Sunrise at George Mason as it is in Fairfax City. For Sunrise at Reston Town Center, there is no development condition, but a commitment was made to the HCAB that there would be 5 AG beds at this facility. Currently this facility is full and there are 7 people on the waiting list. Inova is proposing that this requirement be fulfilled by the George Mason facility, which currently has vacancies. She reported that the requirement for Sunrise at Fair Oaks is 4 beds, and that there are currently 2 in-house, 1 person awaiting approval and 1 person in-house who has spent down and is in the process of applying. Sunrise at Mount Vernon has a requirement for 4 AG beds and has 3 in-house and 1 in-house who has spent down and is awaiting approval. Sunrise at McLean does not have an AG requirement, but rather participates in the Affordable Dwelling Unit (ADU) Program. Five of the six required units have occupants who are awaiting move in upon approval of their applications. John Ruthinoski explained that this facility does not participate in the AG program because it was not licensed as a medical care facility, but as housing for the elderly.

Rita Schumacher asked if AG patients at Sunrise at George Mason would eventually be moved to Sunrise at Reston Town Center when there were vacancies. Ann Mitchell responded that they could not say if this would be possible. Rita Schumacher commented that she did need to tell Inova/Sunrise the about the great need for AG beds. Marlene Blum stated that the HCAB would ultimately like to see these beds returned to Sunrise at Reston Town Center, but that it understood that it could take a long time before it is able to happen. Mary LaFalce suggested that residents could stay at George Mason while they were on the waiting list for the Reston Town Center facility. Susan Randall suggested that the beds at George Mason would get used up quickly if this were done. She asked if all the vacant beds at George Mason were used up in this manner, what would happen to a resident who got into a spend down situation. Ann Mitchell responded that Sunrise would work with the family to see what could be done.

John Ruthinoski noted that in their initial communication with the HCAB, Inova/Sunrise had reported that there were no AG clients at Sunrise at Fair Oaks and suggested fulfilling that requirement at another facility. He asked Joseph Bakos from Planning and Zoning how they would have responded to this offer. Mr. Bakos reported that this would not have fulfilled the requirement in the development conditions and that they would have either had to fulfill the requirement or file a rezoning application. Marlene Blum asked if the Office of Zoning Enforcement is able to keep track of this type of commitment. Mr. Bakos answered that there is a process during initial construction to

ensure that facilities comply with development conditions. However, he added that there are so many facilities and so many conditions that his office is frankly overwhelmed.

Rita Schumacher reported that she has given a list of facilities to the HCAB displaying all facilities in the County that have at least one AG client. John Ruthinoski also reported that it may be possible to find out about whether other facilities are meeting the commitments they made to the HCAB regarding AG clients. She asked the HCAB if any members had any objection to Inova meeting its requirement for AG clients at Reston Town Center through the use of Sunrise at George Mason. Hearing no objection, she reported that the HCAB does not need to vote on this issue. She added that she was pleased that Inova came to the HCAB about this situation. She also expressed that the HCAB was glad to be working with the Northern Virginia Long Term Care Ombudsman on this issue.

Community Access Program

JoAnne Jorgenson reported that the Community Access Program (CAP) is in its 3rd year of funding and is still waiting for HRSA to decide if there is going to be a 4th year. She mentioned that the CAP partners are exploring ideas for continuing the collaborations that have begun with CAP. One such idea is to merge the Children's Health Insurance Coordinating Council (CHICC), which was formed to enroll children into FAMIS programs, with CAP's Health Care Alliance and create a new entity that would incorporate some of the goals of each group as well as some new goals. Some of these goals would be time-limited, and some would be more long term. Another desire is that mental health and substance abuse services could be integrated into the goals. JoAnne Jorgenson also reported that the Health Department was lucky to get \$85,000 into the FY 04 budget to collaboratively support (along with Inova) the streamlined eligibility program for the CAP. Other goals of CAP include correcting health disparities in racial/ethnic populations and quality assurance, which is only just getting started due to the difficulties in obtaining data. The program is looking at data regarding the means by which children are accessing care from the participating CAP partners in order to uncover patterns of usage. She added that whether or not a collaboration with CHICC materializes, CAP will be going forward.

Susan Randall asked if the Health Department was looking at other grants to support CAP once the HRSA funding ends. JoAnne Jorgenson responded that one grant they are looking at is HRSA's STEPS to a HealthierUS grant, which focuses on the prevention of obesity, pre-diabetic conditions, and asthma. The funds can only be used for prevention, not direct care, and are available only to state and urban health departments. In addition to the types of organizations currently collaborating in CAP, STEPS also requires the participation of the religious community and the business community. Chris Stevens noted that there have been about 6 grants submitted to obtain funding for the mental health portion of the project, but that only one has been

funded. JoAnne Jorgenson added that there have also been applications for substance abuse services. She added that for a lot of federal funds, Fairfax County does not meet the criteria as a needy community.

Chris Stevens then discussed the streamlined eligibility project, which is a shared database containing no diagnostic information, but agreed upon eligibility information such as income level and family size. She also reported that in a move of unprecedented collaboration, the CAP partners agreed to accept one another's eligibility. She reported that the partners are doing a lot of work on data integrity. There are many people in the database, which is good, but less quality control over the data, which is challenging. She reported that they have added a component to the system where clients on the waiting list will be able to see where they are on the list. She reported that discharge planners at the hospitals are very excited about the system, as it allows them to find out whether a patient has a medical home.

Chris Stevens reported that two organizations have only recently signed on to the system. Northern Virginia Community College (NVCC) had financial concerns and IT issues which delayed their entry. The Medical Care for Children Program (MCCP) still has not signed the agreement, but they hope to have it signed and to begin using the system by July 1st. She expressed concern about this, given that they are unable to report on the unduplicated number of clients if one of the key safety net providers does not have data in the database. Marlene Blum asked if they were certain MCCP was going to sign the agreement. JoAnne Jorgenson responded that she believed that the message has been presented to them that they need to decide if they are part of CAP or not. Chris Stevens added that they had some concerns regarding the sharing of data, but that these had been addressed. She also noted that as a result, CAP has developed a document about reasonable precautions. JoAnne Jorgenson stated that the CAP Alliance has the beginnings of a CBO, either informal or formal, which could really make a difference.

Other Business

JoAnne Jorgenson also reported on the establishment of Health Assessment Action Teams at South County Health Center. The teams consist of Coordinated Services Planners, Eligibility Workers from DFS and MCCP staff from Northern Virginia Family Service (NVFS). These teams are able to screen people for Medicaid, FAMIS, MCCP, and CHCN at one time. The program is going to be expanded to Bailey's and the North County Health Center soon. She added that the number of people being seen is amazing and that it helps CHCN stand by its requirement that clients must be screened for Medicaid. She added that after July 1, MCCP would include staff on the teams.

Chris Stevens reported that beginning that morning and continuing through Thursday, a mass enrollment was being conducted at all three Health Centers. She reported that this has been made possible by the CHCN's successful efforts to get people out of the

program who could be served by other programs. About 2,000 names have been taken from the waiting list and are being contacted. NVFS and the Department of Family Services (DFS) have sent staff to assist. She also reported that efforts to reduce pharmaceutical costs have been successful. One health center saved \$50,000 in pharmaceutical costs last month. Marlene Blum suggested that the CHCN let groups who were worried about the effect of the CHCN's changes know about the success of these efforts. She also suggested letting the Board of Supervisors know. JoAnne Jorgenson reported that the Health Department was going to brief the County Executive and Deputy County Executive Verdia Haywood on the CHCN's strategic plan.

Marlene Blum reported that the HCAB needs to decide whether it would meet in July. She reported that she had spoken with Anne Andrews regarding the possibility of members of the Southeast Health Planning Task Force coming to talk with the HCAB regarding the ongoing discussions about the future of Mount Vernon Hospital. She reminded the HCAB that the County owns Fairfax and Mount Vernon hospital and will therefore inevitably become involved in any discussions regarding the future of the hospital. She added that Anne Andrews has reported that the community is very concerned that the hospital may close because it is losing money and its patient census is down. She added that the community is very emotionally involved in the issue, but added that HCAB could view this situation with more objectivity. There was a consensus that there should be a July meeting to discuss this issue.

David West asked Jim Scott for an update on the situation. Jim Scott reported that Inova spoke with Mount Vernon District Supervisor Gerry Hyland in 2002 and set up the Task Force as an Inova advisory group to look at the data Inova has been collecting. The Task Force is examining that whole area of the County, including Springfield, Lorton (now Laurel Hill) as well as Mount Vernon. He added that Inova is trying to assure the community that no decisions have been made on their part. He added that even if a decision was made to close the hospital, it would take 3-5 years before it could be implemented. He added that Inova knew there were unmet needs in the Southeast area of the County, but they did not know that the general trend in inpatient hospital usage was downward. He added the hospitals revenues are down for the first quarter of the year, at a time when they generally rise. He added that the hospital has always operated near the margin, but that last year it was substantially in the red. In addition to this, there was a \$30 M accounting error in forecasted revenues from Managed Care contracts for Inova. He reiterated that no decisions have been made, that the Task Force was looking at all options, and that Inova has engaged the Lewin Group to look at the data. He stated that by the end of the year they expected to have some kind of recommendation from the Task Force and a decision from Inova.

Jim Scott reported that one concern Inova has was that HCA might apply again for a CON to develop a hospital in Springfield, but instead they appealed the most recent decision by the Commissioner of Health regarding the Loudoun CON. He added that as a result, Inova would be re-filing its CON for expansion of Fair Oaks Hospital. Marlene

Blum asked why they were requesting additional beds if usage was declining. Jim Scott responded that it was partially a defensive measure, but also pointed to need in the Fair Oaks area. Marlene Blum asked if there was still a need for additional beds at Fairfax Hospital. Jim Scott reported that ER usage is down.

Marlene Blum asked if she could assume that Inova is cognizant of the details of the Lease Agreement. Jim Scott stated that they were, but predicted that the most important decision regarding the future Mount Vernon Hospital is going to be a zoning decision. Marlene Blum stated that this is really a Fairfax County issue and not just a Mount Vernon issue. She added that the CHCN is heavily dependent on Mount Vernon Hospital. Rosanne Rodilosso asked if Mount Vernon Hospital was financially in a bad way because of the drain on it from community use. Jim Scott responded that the financial problems at the hospital are an overall volume problem as well as a patient mix problem. Marlene Blum noted that somewhere along the line, the Board of Supervisors is going to be looking to the HCAB for a recommendation about this situation.

There being no further business, the meeting was adjourned at 9:30 p.m.